

Mail Drop 535M Insurance Unit Vehicle Motor Vehicle Division PO Box 2100 Phoenix AZ 85001-2100

ACCIDENT NOTIFICATION

40-1022 R02/07 www.azdot.gov

Signature

Accident must have occurred in Arizona and not on a Reservation.

[A : L : B :	I -	ID 1: 0 11 : 0		ln i n					
Accident Date	Time am Police Called to Scen pm Yes No			Police Repo					
			City		(accident report must be submitted)				
Location Address							County		
Vehicle #1 Req	uestor/Client/Insured				D-44	Disab	I Dairean I	i Ni i	
Driver Name (first, middle, last, suffix)					Date of	Birth	Driver L	icense Number	
Owner Name of Hingh	-l-II-								
Owner Names (first, mi	Jule, last, sullix)								
Owner Street Address			1	City			State	Zip	
Owner Street Address				City			State	Ζίρ	
Plate Number Vehicle Identification Number					Year	Make			
i late Number	Vernole Identification Number			Tea		IVIANG	Mare		
Vehicle #2 Driver Name					Date of	Rirth	Driver I	icense Number	
Direct Name					Date of	J., U.1	Dilvoi L	PHYOL FIGURE MAILING	
Owner Names									
2									
Owner Street Address							State	Zip	
				City				-	
Plate Number	Vehicle Identificat	tion Number			Year	Make			
Vehicle #3						I			
Driver Name					Date of	Birth	Driver L	icense Number	
Owner Names									
Owner Street Address				City				Zip	
Plate Number	Vehicle Identification	tion Number			Year	Make	1	•	
Accident Description					'				
Accident Description									
Damage Description (if	other than vehicle dam	age)							
I certify the informati	on on this form is tru	ue and correct to the	best of r	nv knowled	dae.				
				,	. J				

Date